

4.1 million currently uninsured children. After all, it's not as if those kids really need insurance—they can just go to emergency rooms, right?

O.K., it's not news that Mr. Bush has no empathy for people less fortunate than himself. But his willful ignorance here is part of a larger picture: by and large, opponents of universal health care paint a glowing portrait of the American system that bears as little resemblance to reality as the scare stories they tell about health care in France, Britain, and Canada.

The claim that the uninsured can get all the care they need in emergency rooms is just the beginning. Beyond that is the myth that Americans who are lucky enough to have insurance never face long waits for medical care.

Actually, the persistence of that myth puzzles me. I can understand how people like Mr. Bush or Fred Thompson, who declared recently that “the poorest Americans are getting far better service” than Canadians or the British, can wave away the desperation of uninsured Americans, who are often poor and voiceless. But how can they get away with pretending that insured Americans always get prompt care, when most of us can testify otherwise?

A recent article in *Business Week* put it bluntly: “In reality, both data and anecdotes show that the American people are already waiting as long or longer than patients living with universal health-care systems.”

A cross-national survey conducted by the Commonwealth Fund found that America ranks near the bottom among advanced countries in terms of how hard it is to get medical attention on short notice (although Canada was slightly worse), and that America is the worst place in the advanced world if you need care after hours or on a weekend.

We look better when it comes to seeing a specialist or receiving elective surgery. But Germany outperforms us even on those measures—and I suspect that France, which wasn't included in the study, matches Germany's performance.

Besides, not all medical delays are created equal. In Canada and Britain, delays are caused by doctors trying to devote limited medical resources to the most urgent cases. In the United States, they're often caused by insurance companies trying to save money.

This can lead to ordeals like the one recently described by Mark Kleiman, a professor at U.C.L.A., who nearly died of cancer because his insurer kept delaying approval for a necessary biopsy. “It was only later,” writes Mr. Kleiman on his blog, “that I discovered why the insurance company was stalling; I had an option, which I didn't know I had, to avoid all the approvals by going to ‘Tier II,’ which would have meant higher copayments.”

He adds, “I don't know how many people my insurance company waited to death that year, but I'm certain the number wasn't zero.”

To be fair, Mr. Kleiman is only surmising that his insurance company risked his life in an attempt to get him to pay more of his treatment costs. But there's no question that some Americans who seemingly have good insurance nonetheless die because insurers are trying to hold down their “medical losses”—the industry term for actually having to pay for care.

On the other hand, it's true that Americans get hip replacements faster than Canadians. But there's a funny thing about that example, which is used constantly as an argument for the superiority of private health insurance over a government-run system: the large majority of hip replacements in the United States are paid for by, um, Medicare.

That's right: the hip-replacement gap is actually a comparison of two government

health insurance systems. American Medicare has shorter waits than Canadian Medicare (yes, that's what they call their system) because it has more lavish funding—end of story. The alleged virtues of private insurance have nothing to do with it.

The bottom line is that the opponents of universal health care appear to have run out of honest arguments. All they have left are fantasies: horror fiction about health care in other countries, and fairy tales about health care here in America.

## INTRODUCTION OF THE LEAD POISONING REDUCTION ACT

HON. LOUISE McINTOSH SLAUGHTER

OF NEW YORK

IN THE HOUSE OF REPRESENTATIVES

Wednesday, July 18, 2007

Ms. SLAUGHTER. Madam Speaker, today I am pleased to introduce the Lead Poisoning Reduction Act, a bill that will remove toxic lead hazards from childcare facilities, and put an end to an entirely avoidable public health crisis. It is critical that Congress provide our communities the tools necessary to make the places where our children spend their time safe and defend them from the dangers that exposure to lead poses to their health.

Exposure to lead is not safe for anyone, but children are most vulnerable among us. Even the slightest amounts of lead can do serious, irreparable damage because their bodies and minds are still in developmental stages. Among many other things, lead poisoning can cause learning disabilities, brain damage, organ failure, coma and even death in children. Despite the knowledge of the risks associated with exposure to lead hazards and the availability of tools that can prevent more children from suffering from lead poisoning, 310,000 American children are affected every year.

Unfortunately, lead poisoning remains a threat to our children in places where they ought to feel the most safe—our childcare facilities. According to a report from the Environmental Protection Agency, nearly 12 million children under the age of five spend 40 hours a week in childcare. The Department of Housing and Urban Development has reported that approximately 14 percent of licensed childcare centers across the U.S. have hazardous levels of lead-based paint. Children attending daycare centers in the Northeast and Midwest are at a greater risk of being exposed to lead hazards, as 40 percent of the childcare facilities in those regions were built before 1960.

In addition to lead hazards posed by paint at childcare facilities, these old buildings are home to corroded pipes and water lines which are also sources of lead exposure. A parent should not have to worry about their child consuming lead when their thirsty child visits a drinking fountain.

Our childcare professionals must have the tools they need to guard our children from lead poisoning. The Lead Poisoning Reduction Act would establish a Select Group on Lead Exposure comprised of experts from the National Institute of Environmental Health Science, the Administration for Children and Families, the National Institute of Child Health and Human Development, the Secretary of Education, and the Centers for Disease Control and Prevention. The Select Group will

conduct a study of child-occupied facilities created before 1978 and develop baseline standards that facilities must meet to receive grants under this Act. To help childcare facilities comply with the new lead-safety standards, the bill establishes a grant program to defray associated costs. Finally, the Act requires that all contractors hired for repair, renovations, or reconstruction of childcare facilities be provided with educational materials about lead hazards and the guidance necessary to avoid imposing additional risks.

The Lead Poisoning Reduction Act fills a major gap in our national policy to eradicate lead poisoning by 2010 by providing the guidance and resources need to protect our children from lead hazards in their childcare facilities.

I urge my colleagues to join me in supporting the Lead Poisoning Reduction Act.

## RESPONSIBLE REDEPLOYMENT FROM IRAQ ACT

SPEECH OF

HON. ALBERT RUSSELL WYNN

OF MARYLAND

IN THE HOUSE OF REPRESENTATIVES

Thursday, July 12, 2007

Mr. WYNN. Mr. Speaker, I rise in support of this resolution. Our continued engagement in Iraq is obscene and pointless. We went into Iraq to thwart the development of weapons of mass destruction, then to effect regime change of a ruthless dictator, then to promote the establishment of a democratic government, then to our currently sad assessment that we cannot leave because it will result in a catastrophe—and now we find ourselves serving as policemen in the middle of a civil war.

The Administration can no longer deny, after 3,611 American soldiers dead, over a thousand American contractors dead and over twelve thousand wounded, an estimated 50 thousand or more Iraqis dead, and 12,014 Americans severely injured and countless American families disrupted, that to continue down this path is both irresponsible and tragic.

We cannot resolve the Iraqi civil war. We cannot prop up a government that refuses to lead, and despite Vice President CHENEY's fondest wishes, we will not be able to control Iraqi oil. It's past time to bring our troops home.

What about the aftermath of our leaving? The Shiite and Sunni in turn will have to look at each other and ask, now that the United States is gone what do we do? They can either continue killing each other or work for peace. The United States must disengage militarily, but we cannot abandon the Iraqi people. After our departure, the United States must work to assist Iraqis and the Muslim countries in the region to develop a peace process. I am confident the Iraqi people want peace, and neighboring countries don't want the sectarian conflict to spread across the region. Currently, we are an impediment to peace.

The United States should continue to provide humanitarian support and aid for reconstruction for schools and hospitals, with increased Congressional oversight. We must also support an Iraqi peace process, brokered by the parties in the region or respected 3rd